


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000017852
 1. Entity Name
PENIBO FAMILY REALTY, LLC



Principal Place of Business Mailing Address
 1300 N. FEDERAL HIGHWAY, STE. 202 1300 N. FEDERAL HIGHWAY, STE. 202
 BOCA RATON, FL 33432 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE



01052006 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
65-1144658 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
BONITATIBUS, PETER N
 1300 N. FEDERAL HIGHWAY, STE. 202
 BOCA RATON, FL 33432

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when canceling)

00000530175
 05/05/06-80104-020 50.00

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM
 NAME: BONITATIBUS, PETER N
 STREET ADDRESS: 1300 N. FEDERAL HIGHWAY, STE. 202
 CITY-ST-ZIP: BOCA RATON, FL 33432

TITLE: MGRM
 NAME: BONITATIBUS, TONY
 STREET ADDRESS: 1300 N FEDERAL HWY STE. 202
 CITY-ST-ZIP: BOCA RATON, FL 33432

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Peter N Bonitatus* 4-20-06 561-391-1411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #